

Health Insurance Status of Massachusetts Urban Area Residents

This publication is the fourth in a series of monographs based on the results of the Division of Health Care Finance and Policy's 2000 Health Insurance Status of Massachusetts Residents Survey. This series is also available on our web site: www.state.ma.us/dhcfp.

The Massachusetts Division of Health Care Finance and Policy (DHCFP) recently released statewide uninsurance rates for children and adults.¹ At the local level, interest is frequently expressed for more specific health insurance coverage information to help identify regional differences between the insured and uninsured populations. This issue of *Access Update* presents comparative information on five larger urban areas: Boston, Fall River/New Bedford, Lawrence/Lowell, Springfield and Worcester. Individual monographs (one for each urban area) are enclosed and further highlight the urban area differences in health status and health related utilization relative to the statewide rates.

Key Findings of the 2000 Survey

- Each of the five urban areas has a significantly higher rate of non-elderly uninsured individuals than the state.
- Lawrence/Lowell and Fall River/New Bedford have significantly higher rates of uninsured (10.5% each) than the other three urban areas.
- While higher than the statewide non-elderly uninsurance rate of 6.5%, Worcester and Boston have the lowest rates of non-elderly uninsured (8.2% and 8.5%), as well as the lowest rates of non-elderly uninsured adults (about 10% each) among the five urban areas.
- Springfield and Worcester have the lowest rates of uninsured children (3.8% and 3.9%), while Lawrence/Lowell and Fall River/New Bedford have the highest rates of uninsured children (about 5% each) among the five urban areas.
- In four urban areas, the uninsured rate for Hispanics is greater when compared to other racial or ethnic groups.

- In all five urban areas, the uninsured are more likely than the insured to live in low-income households.²
- For all five urban areas, most non-elderly residents receive health insurance coverage through their employer³ (73.7% or more), with Medicaid (18.2% or more) being the second largest source of health care coverage.
- Working uninsured are less likely to work for the same employer for more than a year, are less likely to work full-time, and are more likely to work for a small firm than the working insured.

Methodology

In accordance with a 1997 legislative mandate, the Division of Health Care Finance and Policy (DHCFP) conducted two state-sponsored surveys to identify characteristics of the uninsured and underinsured populations in Massachusetts. This monograph presents an analysis of the 2000 survey results and highlights differences in health insurance status across five distinct urban areas. The sample of urban area residents was conducted between July and December of 2000. The urban area sample collected data on 2,132 households and 5,535 individuals residing in Boston, Fall River/New Bedford, Lawrence/Lowell, Springfield or Worcester. The survey sample was drawn from a computer-generated random list of telephone numbers by area code and exchange combinations found in the five urban areas. The survey questionnaire was available in Spanish and English. Responses to survey questions were weighted to reflect population estimates.

Demographics

Age. Non-elderly adults have the highest rate of uninsured statewide (8%). Worcester and Boston have the lowest rates of non-elderly uninsured adults (about 10% each), while Lawrence/Lowell and Fall River/New Bedford have the highest rates of non-elderly uninsured adults, about 13% each (see Figure 1). Among adults, those ages 19 to 39 have the highest

rate of uninsurance in four of the five urban areas. Fall River/New Bedford and Springfield have the highest rates (18.9% and 15.9%) of uninsured individuals ages 19 to 39. While Boston has the lowest percent of uninsured adults ages 19 to 39 (9.8%), it has the second highest percent of uninsured adults ages 40 to 64 (10.7%). Children ages 18 and younger

have a fairly low percent of uninsured in all five urban areas, ranging from a low of 3.8% in Springfield to a high of 5.2% in Lawrence/Lowell (see Figure 2).

Income. In most urban areas, the largest percent of uninsured reside in households with incomes below 200% of the federal poverty level (see Figure 3). With the exception of

Figure 1
Uninsured Adults by Region and Urban Area, Ages 19-64

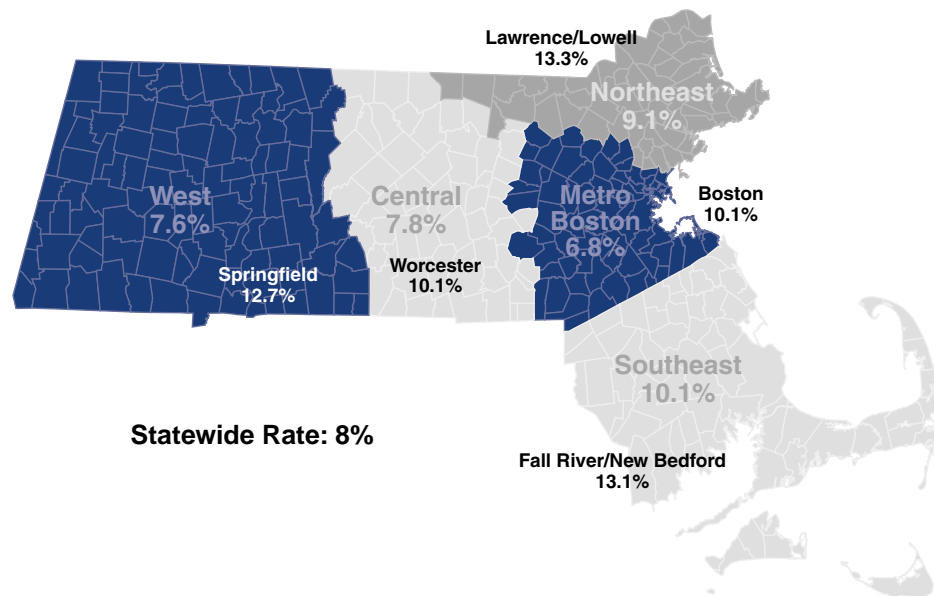


Figure 2
Uninsured Children by Region and Urban Area, Ages 0-18

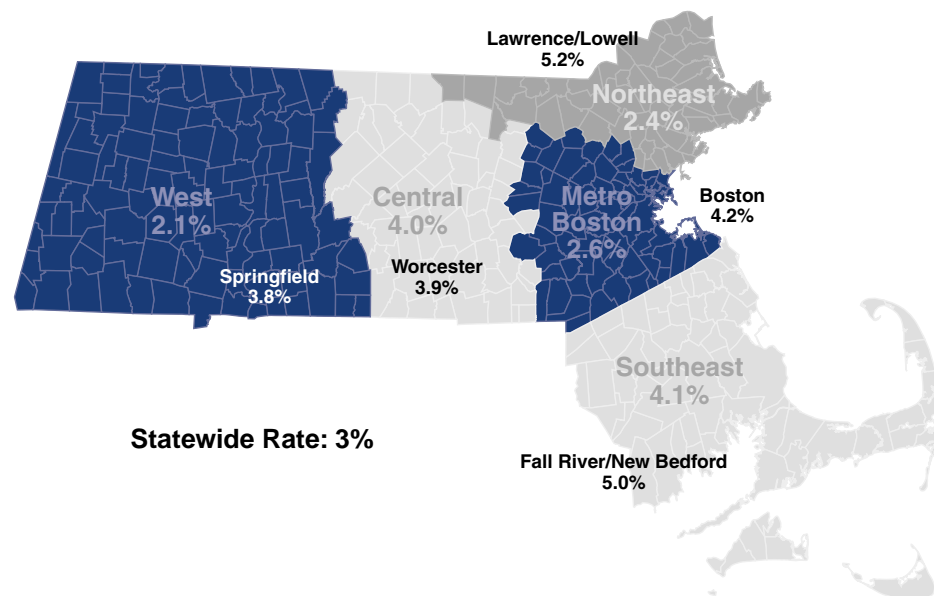


Figure 3
Non-Elderly Uninsured by Income

	Below 200% FPL	Above 200% FPL
Boston	58.1%	41.9%
Fall River/New Bedford	66.4%	33.6%
Lawrence/Lowell	57.3%	42.7%
Springfield	64.0%	36.0%
Worcester	50.9%	49.2%
Statewide	43.1%	56.9%

Figure 4
Non-Elderly Uninsured within an Income Category

	Below 133% FPL	133-200% FPL	Above 200% FPL
Boston	11.3%	13.6%	3.9%
Fall River/New Bedford	18.0%	15.5%	5.6%
Lawrence/Lowell	14.2%	11.7%	6.6%
Springfield	15.7%	13.0%	6.6%
Worcester	17.0%	12.9%	4.8%
Statewide	12.5%	13.8%	4.1%

Figure 5
Program Awareness
Among Non-Elderly Uninsured Adults

	MassHealth	Free Care
Boston	80.2%	62.8%
Fall River/New Bedford	85.9%	34.3%
Lawrence/Lowell	92.8%	48.6%
Springfield	88.1%	24.2%
Worcester	79.3%	39.2%
Statewide	85.8%	42.5%

Boston, poor households⁴ have a disproportionately larger percentage of uninsured (see Figure 4). Fall River/New Bedford and Worcester have the highest rates of uninsured residing in

Figure 6
Working Uninsured by Type of Employment,
Ages 19-64

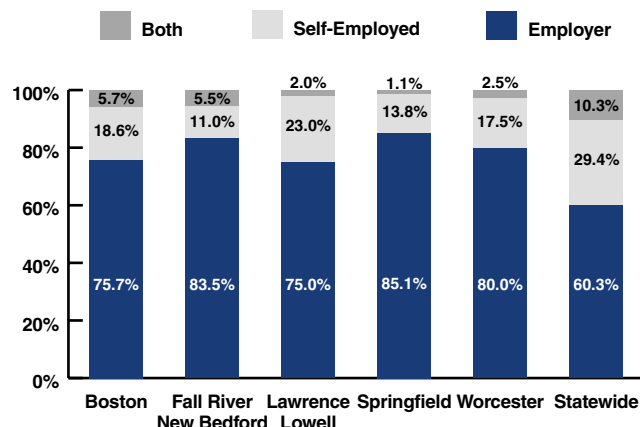
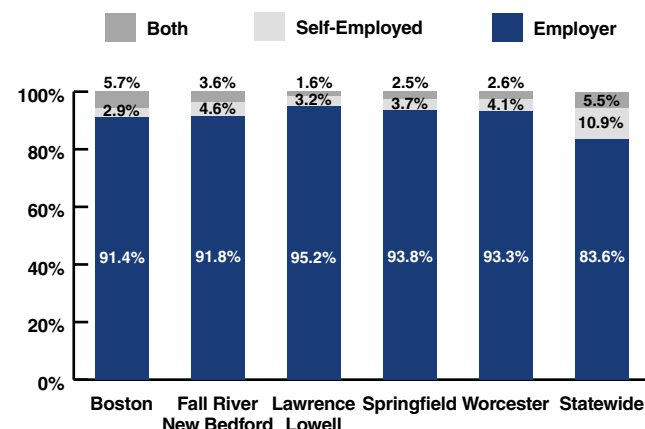


Figure 7
Working Insured by Type of Employment,
Ages 19-64



poor households. Near-poor households⁵ in Fall River/New Bedford have the highest percent of uninsured (15.5%) compared to near-poor households in the other four urban areas. Among poor households, Boston has the lowest percent of uninsured. Boston also has the lowest percent of uninsured among households with income above 200% of the federal poverty level (FPL). In households with income above 200% of the FPL, Lawrence/Lowell and Springfield have a disproportionate percent of uninsured (6.6% each).

Race. Overall, Hispanics are more likely to be uninsured than other racial or ethnic groups. Compared to Hispanics

residing in the other urban areas, Hispanics in Fall River/New Bedford are more likely to be uninsured (24.4%) and in Worcester they are less likely to be uninsured (6.8%).

Knowledge of Health Programs. Over the past few years, MassHealth (the Massachusetts Medicaid program) has increased outreach efforts, resulting in greater enrollment. Another positive result of these efforts is indicated in the high recognition rate of the MassHealth program among the uninsured in all five urban areas. MassHealth name recognition varies between 80% and 93% awareness across the urban areas. By contrast, much more variability is seen in the awareness level of the Uncompensated Care Pool, commonly known as Free Care. Among the five urban areas, awareness of Free Care ranges from a high of 62.8% in Boston to a low of 24.2% in Springfield (see Figure 5 on page 3).

Employment. Employment trends among uninsured individuals in the five urban areas are similar to statewide trends. The majority of uninsured adults in the five areas are employed. They are also more likely to be self-employed, less likely to work for an employer for over a year, and less likely to work full-time⁶ than their working insured counterparts (see Figures 6 and 7 on page 3). On average, the working uninsured in these

areas are two and a half times more likely to work for an employer less than a year than are the working insured. Most part-time uninsured in these areas work between 20 and 39 hours per week.

In the five urban areas, an average of 82% of working insured are employed full-time, compared to an average of 65% of working uninsured. Lawrence/Lowell has the largest percent of uninsured individuals working full-time (79.4%), only slightly less than the insured population. In contrast, only 55% of Worcester's uninsured work full-time, compared to over 84% of its insured population (see Figures 8 and 9).

Unlike the large disparity in statewide results between the percent of uninsured working in small firms (76.8%) versus large firms (23.2%), there is less disparity among uninsured in the five urban areas, with the Fall River/New Bedford and Worcester areas showing the smallest differences (see Figure 10 on page 5).

The rate of working uninsured adults who report that they are eligible for health insurance through work is notably higher in most of the urban areas than the statewide rate of 25%. Forty-two percent of working uninsured individuals in Boston and 52.1% of working uninsured in Lawrence/Lowell report that they are eligible for health insurance through work (see Figure 11 on page 5).

Figure 8
Working Uninsured by Hours Worked per Week, Ages 19-64

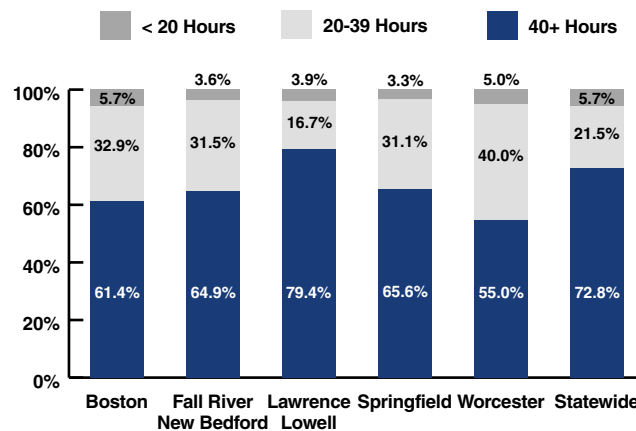
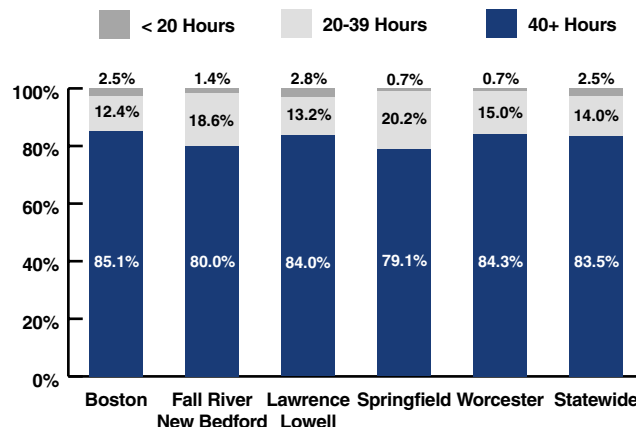


Figure 9
Working Insured by Hours Worked per Week, Ages 19-64



However, the percent of working uninsured adults employed by small firms and eligible for health insurance through their employers varies by urban area. Springfield and Worcester, for example, have the highest rates of working uninsured (65% and 61.5%) who report that they are eligible for coverage through their small firm employer. In contrast to the 70% of working uninsured statewide who report “cost” as their reason for being uninsured, more than half of the working uninsured in each urban area cite “other” as their reason for being uninsured.⁷ Springfield has the highest rate of working uninsured (68.2%) citing “other.”

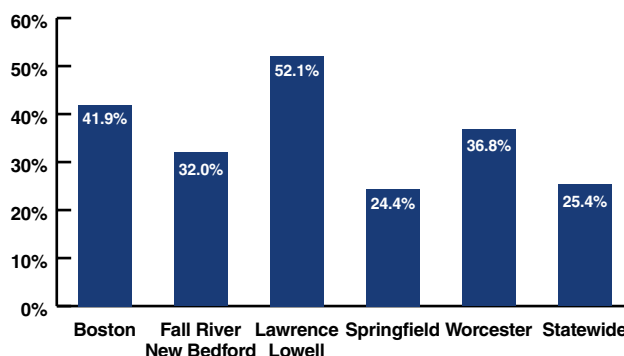
Access and Utilization

While health insurance coverage does not ensure better quality of health, it is highly correlated with access to health care and better health status. Consistent with past research, the data from four of the five urban area samples indicate that uninsured adults are more likely to rate their own quality of health as fair to poor and are less likely to visit the doctor, than are insured adults. In three of the five urban areas, uninsured adults are more likely to report their health as fair to poor. In Springfield and Fall River/New Bedford, however, uninsured and insured adults report fair to poor health at similar rates. In Boston and Worcester, the uninsured are 50% more likely than the insured to report fair to poor health.

Figure 10
Working Uninsured by Firm Size, Ages 19-64

	< 50 Employees	50+ Employees
Boston	65.0%	35.0%
Fall River/New Bedford	48.6%	51.4%
Lawrence/Lowell	62.3%	37.7%
Springfield	60.7%	39.3%
Worcester	54.2%	45.8%
Statewide	76.8%	23.2%

Figure 11
Working Uninsured Adults (Ages 19-64)
Eligible for Employer Sponsored Health Insurance



Similar to utilization trends statewide, in Fall River/New Bedford, Lawrence/Lowell and Worcester, insured adults are almost twice as likely as uninsured adults to visit a doctor. In Boston and Springfield, however, the difference narrows, with insured adults almost one and a half times more likely to visit a doctor than uninsured adults. While only a small percent of all adults visited the emergency room (ER) in the last year, the uninsured adults in every urban area, except Springfield, are more likely than insured adults to make one or more ER visits. In Fall River/New Bedford, while the percent of insured adults visiting the ER is consistent with the other four urban areas

(35.8%), the percent of uninsured adults using the ER is notably higher (see Figure 12 on page 6).

The percent of uninsured and insured adults who report having a chronic medical condition is similar in three of the urban areas. In Boston, more uninsured adults than insured adults (35.4% versus 27.2%) report having a chronic medical condition lasting three months or more and in Springfield fewer uninsured adults report chronic illness than do insured adults (30.2% versus 33.4%). Despite similar rates of chronically ill insured and uninsured adults, uninsured adults in each area were far less likely to make visits to the doctor for a particular condition than were insured adults. Additionally, 50% or more of chronically ill uninsured adults in each urban area compared to only 24% or less of

Figure 12
Non-Elderly Adults by Insurance Status
and Emergency Room Utilization

	Uninsured		Insured	
	0 Visits	1+ Visits	0 Visits	1+ Visits
Boston	68.8%	31.2%	71.6%	28.4%
Fall River/New Bedford	51.4%	48.6%	64.2%	35.8%
Lawrence/Lowell	61.5%	38.5%	64.1%	35.9%
Springfield	66.7%	33.3%	62.1%	37.9%
Worcester	61.5%	38.5%	73.6%	26.4%
Statewide	67.8%	32.2%	74.7%	25.3%

Figure 13
Adults Not Seeking Care for Chronic Condition
by Type of Care and Insurance Status

	Uninsured			Insured		
	Have Chronic Illness	No Doctor Visits	No Prescriptions	Have Chronic Illness	No Doctor Visits	No Prescriptions
Boston	35.4%	41.1%	58.8%	27.2%	2.8%	15.9%
Fall River/ New Bedford	37.5%	49.0%	78.4%	38.4%	5.0%	18.5%
Lawrence/ Lowell	31.4%	37.2%	48.8%	30.7%	6.3%	23.9%
Springfield	30.2%	34.2%	52.6%	33.4%	3.4%	11.4%
Worcester	30.2%	21.8%	50.0%	30.9%	4.7%	21.5%
Statewide	23.9%	40.6%	57.0%	29.2%	6.2%	22.0%

insured adults, report that they have not taken a prescription for their condition in the past three months. Fall River/New Bedford has the highest percent of chronically ill uninsured adults who have not seen a doctor (49%) or taken a prescription (78.4%) for their condition (see Figure 13).

Conclusion

These urban area survey results indicate that non-elderly adults continue to represent the largest number of uninsured, especially young adults, ages 19 to 39. While the uninsured share similar characteristics across urban areas—income, age and race characteristics—differences also exist. Since the remaining uninsured are likely to be more difficult to reach, different characteristics of the uninsured such as those surrounding employment and access to health care, help identify barriers to insurance at the local level and may better inform policy makers and health care delivery systems on where best to target outreach efforts.

1. See the Division of Health Care Finance and Policy (DHCFCP) web site (www.state.ma.us/dhcfp) for other *Access Update* monographs.
2. Low-income households have income at or below 200% of the federal poverty level.
3. Employers providing health insurance coverage include coverage provided by the military (i.e., Champus or Veteran's Administration), a group purchaser (i.e., labor union, professional association), and past employers.
4. Poor households have income below 133% of the federal poverty level.
5. Near-poor households have income between 133% and 150% of the federal poverty level.
6. Full-time employment is defined as an employee who works forty or more hours per week.
7. The DHCFCP Health Insurance Status of Massachusetts Residents Survey does not capture specific reasons for not having health insurance beyond "other."